

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the  
State of

DC

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Corinne A. Falencki

Signature of Treasurer

Electronically Filed by Corinne A. Falencki

Date

10

25

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		290102.14
(b) Cash on Hand at Beginning of Reporting Period .....	473903.03	
(c) Total Receipts (from Line 19) .....	117000.00	979423.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	590903.03	1269525.41
7. Total Disbursements (from Line 31) .....	170890.98	849513.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	420012.05	420012.05
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11400.00	140643.83
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	11400.00	140643.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	105600.00	826600.00
(c) Other Political Committees (such as PACs) .....	117000.00	967243.83
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	12009.30
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	170.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	117000.00	979423.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	117000.00	979423.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		18148.98	261245.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		18148.98	261245.44
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		152742.00	569267.92
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	5000.00
29. Other Disbursements.....		0.00	14000.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		170890.98	849513.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		170890.98	849513.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	117000.00	967243.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	117000.00	962243.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18148.98	261245.44
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18148.98	261245.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 47

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** AFLAC Incorporated PAC

Mailing Address 1300 Pennsylvania Ave NW Ste 300  
Suite 300

City State Zip Code  
Washington DC 20004-3039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 61024.C374

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** Albertsons, Inc. PAC

Mailing Address PO Box 20

City State Zip Code  
Boise ID 83726-0020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 61024.C356

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** American Assoc of Ortho Surgeons PAC

Mailing Address 317 Massachusetts Ave NE  
Suite 100

City State Zip Code  
Washington DC 20002-5769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 61024.C368

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 47

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Arda Roc PAC Mailing Address 1201 15th St NW Ste 400 Suite 400 City Washington State DC Zip Code 20005-2842 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 61024.C355 Amount of Each Receipt this Period 5000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Avaya Inc. PAC Mailing Address 1212 New York Ave NW Ste 1212 Suite 1212 City Washington State DC Zip Code 20005-6170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 61024.C370 Amount of Each Receipt this Period 1000.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Clear Channel Communications PAC Mailing Address 1401 I St NW Ste 401 Suite 401 City Washington State DC Zip Code 20005-6505 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 61024.C361 Amount of Each Receipt this Period 5000.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

**11000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Consumer Bankers Association PAC Mailing Address 1000 Wilson Blvd Ste 3012 Suite 3012 City Arlington State VA Zip Code 22209-3927 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> 61024.C348 Amount of Each Receipt this Period 5000.00 Receipt
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Democracy Believers PAC Mailing Address 1155 21st St NW Ste 300 Suite 300 City Washington State DC Zip Code 20036-3312 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 61024.C373 Amount of Each Receipt this Period 2500.00 Receipt
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Eds Pac Mailing Address 1331 Pennsylvania Ave NW Ste 1300 Suite 1300 N City Washington State DC Zip Code 20004-1741 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 61024.C359 Amount of Each Receipt this Period 1500.00 Receipt
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		

**SUBTOTAL** of Receipts This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)

Employees of Northrop Grumman PAC

Mailing Address 1000 Wilson Blvd Ste 2300  
Suite 2300

City State Zip Code  
Arlington VA 22209-3901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 61024.C372

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Ernst & Young PAC

Mailing Address 1225 Connecticut Ave NW  
Suite 700

City State Zip Code  
Washington DC 20036-2625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C339

Amount of Each Receipt this Period

2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

Freddie Mac PAC

Mailing Address 401 9th St NW Ste 600  
Suite 600

City State Zip Code  
Washington DC 20004-2144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C346

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 47

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Freshmen PAC Mailing Address PO Box 25121 City State Zip Code 20027-8121 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 61024.C369 Amount of Each Receipt this Period 1000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) General Electric Company PAC Mailing Address 1299 Pennsylvania Avenue, NW Suite 1100 W City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 61024.C364 Amount of Each Receipt this Period 2500.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Holland & Knight PAC Mailing Address 2099 Pennsylvania Ave NW Ste 100 Suite 100 City State Zip Code Washington DC 20006-6801 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> 61024.C343 Amount of Each Receipt this Period 2500.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 47

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Home Depot PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 101 Constitution Ave NW Ste 800W Suite 800 W		<b>Transaction ID:</b> 61024.C347
City State Zip Code Washington DC 20001-2127	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) HSBC North America PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1730 K St NW Suite 1106		<b>Transaction ID:</b> 61024.C341
City State Zip Code Washington DC 20006-3801	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Independent Community Bankers PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1 Thomas Circle NW Suite 400		<b>Transaction ID:</b> 61024.C365
City State Zip Code Washington DC 20005-5807	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Kpmg Pac		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 2001 M St NW Ste 9000 Suite 9000		<b>Transaction ID:</b> 61024.C360
City Washington State DC Zip Code 20036-3345	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Leadership PAC 2004		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 675 N Washington St Ste 410 Suite 410		<b>Transaction ID:</b> 61024.C357
City Alexandria State VA Zip Code 22314-1939	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Microsoft Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1401 I St NW Ste 500 Suite 500		<b>Transaction ID:</b> 61024.C363
City Washington State DC Zip Code 20005-2214	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

14000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 47

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)  
Miller Brewing Company PAC

Mailing Address 101 Constitution Ave NW  
Suite 400 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C336

Amount of Each Receipt this Period

1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mirant Corporation PAC

Mailing Address 1155 Perimeter Ctr W Fl 10  
10th Floor

City State Zip Code  
Atlanta GA 30338-5463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C352

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
National Association of Broadcasters PAC

Mailing Address 1771 N St NW

City State Zip Code  
Washington DC 20036-2800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C340

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 47

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Pcipac		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 444 N Capitol St NW Ste 801 Suite 801		<b>Transaction ID:</b> 61024.C350
City Washington State DC Zip Code 20001-1508	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) QC Holdings, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 9401 Indian Creek Pkwy Ste 1500 Suite 1500		<b>Transaction ID:</b> 61024.C338
City Overland Park State KS Zip Code 66210-2020	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Raytheon PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1100 Wilson Blvd Ste 1500 Suite 1500		<b>Transaction ID:</b> 61024.C353
City Arlington State VA Zip Code 22209-2270	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 47

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) ReitPAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1875 I St NW Ste 600 Suite 600		<b>Transaction ID:</b> 61024.C354
City Washington State DC Zip Code 20006-5413	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 36611		<b>Transaction ID:</b> 61024.C342
City Dallas State TX Zip Code 75235-1611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Truck PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 430 1st St SE		<b>Transaction ID:</b> 61024.C351
City Washington State DC Zip Code 20003-1826	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

7600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 47

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Washington Group International PAC

Mailing Address 2345 Crystal Dr Ste 708  
Suite 708

City State Zip Code  
Arlington VA 22202-4801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C349

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** Zurich Holding Company PAC

Mailing Address 1201 F St NW Ste 250  
Suite 250

City State Zip Code  
Washington DC 20004-1217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 61024.C362

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

105600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Jill Bockorny Mailing Address 1101 16th St NW Ste 500 Suite 500 City Washington State DC Zip Code 20036-4815 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> 61024.C344 Amount of Each Receipt this Period 1000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Kirsten Chadwick Mailing Address 312 Cloverway Dr City Alexandria State VA Zip Code 22314-4841 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Fierce Isakowitz & Blalock Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> 61024.C337 Amount of Each Receipt this Period 1500.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Debra Hohlt Mailing Address 7901 Kent Rd City Alexandria State VA Zip Code 22308-1328 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 61024.C358 Amount of Each Receipt this Period 400.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

Dean Johnson, Jr.

Mailing Address PO Box 3524

City State Zip Code  
Spartanburg SC 29304-3524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnson Dev. Assoc, Inc.

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C367

Amount of Each Receipt this Period

500.00

Receipt

B. Full Name (Last, First, Middle Initial)

Michael Rock

Mailing Address 600 13th St NW Ste 340  
Suite 340

City State Zip Code  
Washington DC 20005-3012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Union Pacific

Occupation  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61024.C345

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)

Gina Wilson

Mailing Address 5102 Montclair Dr

City State Zip Code  
Colleyville TX 76034-5401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 61024.C371

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Wuliger		Date of Receipt MM / DD / YYYY 10 / 12 / 2006
Mailing Address 20 Basswood Ln		<b>Transaction ID:</b> 61024.C366
City Chagrin Falls	State OH	Zip Code 44022-1377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Mallard Investments	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

11400.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E429</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 287.92 CREDIT CARD CHARGES: SEE BELOW
<b>B. Sonoma</b> Full Name (Last, First, Middle Initial) Mailing Address 223 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1107 Purpose of Disbursement PAC LUNCH WITH DONOR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E434</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 42.85 <b>[MEMO ITEM]</b> MEMO: PAC LUNCH WITH DONOR
<b>C. Sonoma</b> Full Name (Last, First, Middle Initial) Mailing Address 223 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1107 Purpose of Disbursement PAC LUNCH WITH DONOR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E432</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 93.70 <b>[MEMO ITEM]</b> MEMO: PAC LUNCH WITH DONOR

**SUBTOTAL** of Disbursements This Page (optional) .....

287.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E435</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 629.10 CREDIT CARD CHARGES: SEE BELOW
<b>B. Ruths Chris Steakhouse</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Connecticut Ave NW City Washington State DC Zip Code 20009-5700 Purpose of Disbursement PAC MEETING FOOD EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E440</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 307.29 <b>[MEMO ITEM]</b> MEMO: PAC MEETING FOOD EXPENSE
<b>C. Springfield Brewing Company</b> Full Name (Last, First, Middle Initial) Mailing Address 305 S Market Street City Springfield State MO Zip Code 65806-2023 Purpose of Disbursement PAC FOOD EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E439</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 200.68 <b>[MEMO ITEM]</b> MEMO: PAC FOOD EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

629.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Visa

Mailing Address PO Box 77042

City  
Madison

State  
WI

Zip Code  
53707-1042

Purpose of Disbursement  
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E442

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

7954.23

CREDIT CARD CHARGES: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**B.** Capitol Hill Club

Mailing Address 300 1st St SE

City  
Washington

State  
DC

Zip Code  
20003-1801

Purpose of Disbursement  
PAC LUNCH EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E469

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

40.57

**[MEMO ITEM]**

MEMO: PAC LUNCH EXPENSE

Full Name (Last, First, Middle Initial)

**C.** Staples

Mailing Address 2135 E Independence St

City  
Springfield

State  
MO

Zip Code  
65804-3749

Purpose of Disbursement  
PAC OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E457

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

166.08

**[MEMO ITEM]**

MEMO: PAC OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

7954.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** US Airways

Mailing Address 4000 E Sky Harbor Blvd

City  
Phoenix

State  
AZ

Zip Code  
85034-3802

Purpose of Disbursement  
PAC AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E468

Date of Disbursement

/   /

Amount of Each Disbursement this Period

310.01

**[MEMO ITEM]**

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

**B.** US Airways

Mailing Address 4000 E Sky Harbor Blvd

City  
Phoenix

State  
AZ

Zip Code  
85034-3802

Purpose of Disbursement  
PAC AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E460

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1427.09

**[MEMO ITEM]**

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

**C.** US Airways

Mailing Address 4000 E Sky Harbor Blvd

City  
Phoenix

State  
AZ

Zip Code  
85034-3802

Purpose of Disbursement  
PAC CREDIT VOUCHER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-712.80

**[MEMO ITEM]**

MEMO: PAC CREDIT VOUCHER

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** US Airways

Mailing Address 4000 E Sky Harbor Blvd

City  
Phoenix

State  
AZ

Zip Code  
85034-3802

Purpose of Disbursement  
PAC AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E459

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

1427.09

**[MEMO ITEM]**

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

**B.** US Airways

Mailing Address 4000 E Sky Harbor Blvd

City  
Phoenix

State  
AZ

Zip Code  
85034-3802

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E453

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

712.80

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

Full Name (Last, First, Middle Initial)

**C.** Washington Courier

Mailing Address 5520 Cherokee Ave  
Suite 120

City  
Alexandria

State  
VA

Zip Code  
22312-2319

Purpose of Disbursement  
PAC COURIER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E473

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

93.92

**[MEMO ITEM]**

MEMO: PAC COURIER SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E471

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

24.90

**[MEMO ITEM]**

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

**B.** SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E470

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

65.00

**[MEMO ITEM]**

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

**C.** SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E466

Date of Disbursement

09 / 16 / 2006

Amount of Each Disbursement this Period

15.99

**[MEMO ITEM]**

MEMO: PAC POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement  
PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E465

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

15.99

**[MEMO ITEM]**

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

**B.** SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement  
PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E467

Date of Disbursement

09 / 17 / 2006

Amount of Each Disbursement this Period

15.99

**[MEMO ITEM]**

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

**C.** Sonoma

Mailing Address 223 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC DONOR MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E443

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

51.00

**[MEMO ITEM]**

MEMO: PAC DONOR MEETING

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Agent Fee**

Mailing Address

City State Zip Code

Purpose of Disbursement

PAC AIRFARE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 61024.E463

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE FEE

Full Name (Last, First, Middle Initial)

## **B. Agent Fee**

Mailing Address

City State Zip Code

Purpose of Disbursement

PAC AIRFARE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 61024.E461

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE FEE

Full Name (Last, First, Middle Initial)

## **C. Agent Fee**

Mailing Address

City State Zip Code

Purpose of Disbursement

PAC AIRFARE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 61024.E462

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Boston Coach

Mailing Address 37 Waverly St

City  
Framingham

State  
MA

Zip Code  
01702-7127

Purpose of Disbursement  
PAC TRANSPORTATION EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

123.32

**[MEMO ITEM]**

MEMO: PAC TRANSPORTATION  
EXPENSE

Full Name (Last, First, Middle Initial)

**B.** Boston Coach

Mailing Address 37 Waverly St

City  
Framingham

State  
MA

Zip Code  
01702-7127

Purpose of Disbursement  
PAC TRANSPERTATION EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E472

Date of Disbursement

/   /

Amount of Each Disbursement this Period

153.40

**[MEMO ITEM]**

MEMO: PAC TRANSPERTATION  
EXPENSE

Full Name (Last, First, Middle Initial)

**C.** The River Oaks Grill

Mailing Address 2630 Westheimer Rd

City  
Houston

State  
TX

Zip Code  
77098-1209

Purpose of Disbursement  
PAC MEETING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E444

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**[MEMO ITEM]**

MEMO: PAC MEETING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Broadmoor Hotels**

Mailing Address 1 Lake Ave

City Colorado Springs State CO Zip Code 80906-4254

Purpose of Disbursement  
PAC MEAL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E476

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

4.03

**[MEMO ITEM]**

MEMO: PAC MEAL EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Broadmoor Hotels**

Mailing Address 1 Lake Ave

City Colorado Springs State CO Zip Code 80906-4254

Purpose of Disbursement  
PAC CREDIT VOUCHER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E483

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

-357.84

**[MEMO ITEM]**

MEMO: PAC CREDIT VOUCHER

Full Name (Last, First, Middle Initial)

## **C. Broadmoor Hotels**

Mailing Address 1 Lake Ave

City Colorado Springs State CO Zip Code 80906-4254

Purpose of Disbursement  
PAC HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E445

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

415.72

**[MEMO ITEM]**

MEMO: PAC HOTEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Broadmoor Hotels**

Mailing Address 1 Lake Ave

City  
Colorado Springs

State  
CO

Zip Code  
80906-4254

Purpose of Disbursement  
PAC HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E446

Date of Disbursement

/   /

Amount of Each Disbursement this Period

831.44

**[MEMO ITEM]**

MEMO: PAC HOTEL EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Broadmoor Hotels**

Mailing Address 1 Lake Ave

City  
Colorado Springs

State  
CO

Zip Code  
80906-4254

Purpose of Disbursement  
PAC MEAL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E475

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.45

**[MEMO ITEM]**

MEMO: PAC MEAL EXPENSE

Full Name (Last, First, Middle Initial)

## **C. Broadmoor Hotels**

Mailing Address 1 Lake Ave

City  
Colorado Springs

State  
CO

Zip Code  
80906-4254

Purpose of Disbursement  
PAC HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

177.48

**[MEMO ITEM]**

MEMO: PAC HOTEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Westin Hotels**

Mailing Address 13340 Dallas Pkwy

City Dallas State TX Zip Code 75240-6603

Purpose of Disbursement  
PAC HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E447

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

349.83

**[MEMO ITEM]**

MEMO: PAC HOTEL EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Westin Hotels**

Mailing Address 13340 Dallas Pkwy

City Dallas State TX Zip Code 75240-6603

Purpose of Disbursement  
PAC FOOD EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E449

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

16.64

**[MEMO ITEM]**

MEMO: PAC FOOD EXPENSE

Full Name (Last, First, Middle Initial)

## **C. Westin Hotels**

Mailing Address 13340 Dallas Pkwy

City Dallas State TX Zip Code 75240-6603

Purpose of Disbursement  
PAC HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E448

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

349.83

**[MEMO ITEM]**

MEMO: PAC HOTEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Amtrak		<b>Transaction ID:</b> 61024.E464 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 50 Massachusetts Ave NE		<b>Amount of Each Disbursement this Period</b> <div>504.00</div>
City Washington State DC Zip Code 20002-4214		
Purpose of Disbursement PAC RAIL EXPENSE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PAC RAIL EXPENSE
<b>B.</b> Full Name (Last, First, Middle Initial) Amtrak		<b>Transaction ID:</b> 61024.E458 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 50 Massachusetts Ave NE		<b>Amount of Each Disbursement this Period</b> <div>504.00</div>
City Washington State DC Zip Code 20002-4214		
Purpose of Disbursement PAC RAIL EXPENSE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PAC RAIL EXPENSE
<b>C.</b> Full Name (Last, First, Middle Initial) Hilton Netherland FD		<b>Transaction ID:</b> 61024.E477 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
Mailing Address 35 W 5th St		<b>Amount of Each Disbursement this Period</b> <div>287.53</div>
City Cincinnati State OH Zip Code 45202-2801		
Purpose of Disbursement PAC HOTEL EXPENSE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PAC HOTEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Marriott Waterford

Mailing Address 6300 Waterford Blvd

City  
Oklahoma City

State  
OK

Zip Code  
73118-1104

Purpose of Disbursement  
PAC HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E478

Date of Disbursement

/   /

Amount of Each Disbursement this Period

203.84

**[MEMO ITEM]**

MEMO: PAC HOTEL EXPENSE

Full Name (Last, First, Middle Initial)

**B.** Marriott Waterford

Mailing Address 6300 Waterford Blvd

City  
Oklahoma City

State  
OK

Zip Code  
73118-1104

Purpose of Disbursement  
PAC HOTEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E479

Date of Disbursement

/   /

Amount of Each Disbursement this Period

203.84

**[MEMO ITEM]**

MEMO: PAC HOTEL EXPENSE

Full Name (Last, First, Middle Initial)

**C.** Visa

Mailing Address PO Box 77042

City  
Madison

State  
WI

Zip Code  
53707-1042

Purpose of Disbursement  
PAC AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E428

Date of Disbursement

/   /

Amount of Each Disbursement this Period

479.10

PAC AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

479.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** McKenna Long & Aldridge

Mailing Address 303 Peachtree St NE  
Suite 5300

City Atlanta State GA Zip Code 30308-3265

Purpose of Disbursement  
PAC LEGAL SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E416

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

PAC LEGAL SERVICES

Full Name (Last, First, Middle Initial)

**B.** Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
PAC MEETING FOOD AND BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E415

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

875.38

PAC MEETING FOOD AND BEVE-  
RAGE

Full Name (Last, First, Middle Initial)

**C.** Great Plains Commuications

Mailing Address PO Box 500

City Blair State NE Zip Code 68008-0500

Purpose of Disbursement  
PAC AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E420

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

4182.00

PAC AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

6057.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A. Richard Eddings</b> Full Name (Last, First, Middle Initial) Mailing Address 1210 N Kensington St Apt 3 #3 City Arlington State VA Zip Code 22205-3523 Purpose of Disbursement PAC MILEAGE REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E418</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 221.17 PAC MILEAGE REIMBURSEMENT
<b>B. Keri Ann Hayes</b> Full Name (Last, First, Middle Initial) Mailing Address 202 11th St NE City Washington State DC Zip Code 20002-6218 Purpose of Disbursement PAC TAXICAB AND PARKING EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E414</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 46.00 PAC TAXICAB AND PARKING EXPENSES
<b>C. Jay Perron</b> Full Name (Last, First, Middle Initial) Mailing Address 1441 Constitution Ave NE City Washington State DC Zip Code 20002-6421 Purpose of Disbursement PAC TAXICAB AND FOOD EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61024.E413</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 239.42 PAC TAXICAB AND FOOD EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) .....

506.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1107

Purpose of Disbursement  
PAC OFFICE RENT AND SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 61024.E419**

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

2018.63

PAC OFFICE RENT AND SERVI-  
CES

Full Name (Last, First, Middle Initial)

**B.** Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1107

Purpose of Disbursement  
PAC OFFICE FEES AND PHONES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 61024.E417**

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

169.61

PAC OFFICE FEES AND PHONES

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2188.24

**TOTAL** This Period (last page this line number only) ..... ►

18102.56

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Adrian Smith for Congress

Mailing Address 3321 Avenue I Ste 6  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4586

Purpose of Disbursement  
AIRFARE & LODGING

Candidate Name  
ADRIAN SMITH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 03

Transaction ID: 61024.E482

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1573.00

IN KIND: AIRFARE & LODGING

Full Name (Last, First, Middle Initial)

**B.** Adrian Smith for Congress

Mailing Address 3321 Avenue I Ste 6  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4586

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
ADRIAN SMITH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 03

Transaction ID: 61024.E480

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

927.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Cole Pac

Mailing Address 12176 Chancery Station Cir

City State Zip Code  
Reston VA 20190-5803

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E389

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

4724.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

7224.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Joy Padgett for Congress

Mailing Address 871 Walnut St

City  
Coshocton

State  
OH

Zip Code  
43812-1649

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E425

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Good Fund, The

Mailing Address PO Box 3404

City  
Alexandria

State  
VA

Zip Code  
22302-0404

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E390

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Longhorn PAC

Mailing Address PO Box 40385  
Suite 300

City  
Washington

State  
DC

Zip Code  
20016-0385

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E391

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Back Americas Conservative PAC**

Mailing Address 1251 Dartmouth Ct

City Alexandria State VA Zip Code 22314-4784

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E392

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. American Dream PAC**

Mailing Address PO Box 171022

City San Antonio State TX Zip Code 78217-8022

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E393

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. Campac**

Mailing Address 5915 Eastman Ave Ste 100  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E394

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Conservative Opportunities for a New Ame**

Mailing Address 110 W Louisiana Ave Ste 312  
Suite 312

City Midland State TX Zip Code 79701-3414

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E395

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. DOC Pac**

Mailing Address 337 S Milledge Ave Ste 101  
Suite 101

City Athens State GA Zip Code 30605-1083

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E396

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. Common Sense Solutions PAC**

Mailing Address 1155 21st St NW Ste 300  
Suite 300

City Washington State DC Zip Code 20036-3312

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E397

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Reinforcing Our Beliefs in North Carolin**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152-0485

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 61024.E398**

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. Leadership Encouraging Excellence PAC**

Mailing Address 2875 Towerview Rd Ste 1000  
Suite 1000

City  
Herndon

State  
VA

Zip Code  
20171-5403

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 61024.E399**

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. Republican Opportunity Network PAC**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152-0485

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 61024.E400**

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Committee for the Preservation of Capita**

Mailing Address P.O. Box 65314

City  
Washington

State  
DC

Zip Code  
20036-

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 61024.E401**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. Smile PAC**

Mailing Address PO Box 2178

City  
Evans

State  
GA

Zip Code  
30809-2178

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 61024.E402**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JoePAC**

Mailing Address 601 S Broad St

City  
Lititz

State  
PA

Zip Code  
17543-2810

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 61024.E403**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Voice for Freedom**

Mailing Address 2451 Cumberland Pkwy SE Ste 3264  
Suite 3264

City Atlanta State GA Zip Code 30339-6136

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E404

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. Sunshine PAC**

Mailing Address 133 E Indiana Ave

City Deland State FL Zip Code 32724-4329

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E405

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. John S Fund**

Mailing Address 1208 W Leland Ave

City Springfield State IL Zip Code 62704-3547

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E406

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Citizens in Action**

Mailing Address PO Box 651374

City  
Sterling

State  
VA

Zip Code  
20165-1374

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E407

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. Carolina Majority PAC**

Mailing Address P.O. 2485

City  
Springfield

State  
VA

Zip Code  
22152-

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E408

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. Drake-Virginia Victory Committee**

Mailing Address 228 S Washington St Ste 115  
Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314-5404

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E409

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Republican National Committee

Mailing Address 310 1st St SE

City  
Washington

State  
DC

Zip Code  
20003-1885

Purpose of Disbursement  
PAC 2006 FEDERAL ACCOUNT CONTRIBUTI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E410

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

PAC 2006 FEDERAL ACCOUNT  
CONTRIBUTI

Full Name (Last, First, Middle Initial)

**B.** Show Me Political Action Committee

Mailing Address 2345 Grand Blvd Ste 2800  
Suite 2800

City  
Kansas City

State  
MO

Zip Code  
64108-2612

Purpose of Disbursement  
PAC 2006 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E411

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC 2006 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Lamborn for Congress

Mailing Address 5170 N Union Blvd

City  
Colorado Springs

State  
CO

Zip Code  
80918-2045

Purpose of Disbursement  
PRIMARY DEBT RETIREMENT

Candidate Name  
DOUGLAS L LAMBORN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 05

Transaction ID: 61024.E422

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PRIMARY DEBT RETIREMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Souder for Congress

Mailing Address PO Box 40233

City  
Fort Wayne

State  
IN

Zip Code  
46804-0233

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
MARK E SOUDER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: 61024.E423

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Negron for Congress

Mailing Address 1111 SE Federal Hwy Ste 214  
Suite 214

City  
Stuart

State  
FL

Zip Code  
34994-3834

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E424

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Richard Pombo for Congress

Mailing Address 2150 River Plaza Dr Ste 1560  
Suite 1560

City  
Sacramento

State  
CA

Zip Code  
95833-3883

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
RICHARD POMBO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: 61024.E426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Lee Terry for Congress

Mailing Address PO Box 540098

City  
Omaha

State  
NE

Zip Code  
68154-0098

Purpose of Disbursement  
AIRFARE

Candidate Name  
LEE TERRY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 02

Transaction ID: 61024.E481

Date of Disbursement

/   /

Amount of Each Disbursement this Period

518.00

IN KIND: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

518.00

**TOTAL** This Period (last page this line number only) .....

152742.00